

# **The Crossover between Religion and Medical Care: Seeing the Whole Human Being**

**Masakazu Tanatsugu<sup>1</sup>**

## **Introduction**

At one time, religion and medical care were closely connected with each other, but with the establishment of western medicine, a division of labor has taken place between them. In a word, the former has become exclusively engaged in the salvation and awareness of the soul, while the latter mainly occupied with physical cure and treatment. Recently in Japan, however, these two separate fields have begun to cross over again. We will consider this situation from the following two aspects: “the medicalization of religion” and “the religionization of medical care.”

Religious salvation and awareness has a tendency to be concerned with the wholeness and higher harmony of mind and body; this can be called “the medicalization of religion.” On the other hand, medical care professionals are now obliged to attend the dying at their bedside and to take care of their spiritual pains rooted deep in such difficult problems as the significance of life, and why they must suffer from disease. Owing to the prevalence of death at hospital, medical care professionals are expected to play the roles traditionally assigned to religious specialists, such as Buddhist monks and Shintô priests. We will call this situation “the religionization of medical care.” In this paper,<sup>2</sup> we will consider the present situation in Japan to make more or less clear the implications of this growing trend.

## **1. The Medicalization of Religion**

Here, we wish to understand religion as the phenomena that emerge when we inquire into our *raison d'être* and the significance of our life. A human being is actually a rich texture of relationships with other human beings; this is graphically expressed in the Japanese word for human being; *Ningen* or *Jinkan* literally meaning “between people.”<sup>3</sup> In other words, we are beings that confirm our identity in terms of our social relations to others. In that sense, the so-called individual as one who is completely cut off from other people is merely a figment of our imagination. On the other hand, a human being remains an individual with a unique personality that cannot be reduced to any other person. It is because human existence cannot live a life by itself, and indispensably requires something other which embraces it and supports

it on the basis of being, that human beings cannot help but have an intrinsic relationship with religion. For, if there is one thing that human beings cannot endure, it is the fragmented or insignificant nature of their own existence.

While there is no doubt that human existence is fostered in a specific cultural and social context, as human existence has no choice but to intently fix its gaze upon its origin and ground of being, religion as such is what works to elucidate the relationship between the two. Religious worldviews have thus formed the basis of cultures and civilizations all over the world. Therefore, religion is not one of cultural and social phenomena, but something radical that, at root, creates, maintains and even destroys cultural and social phenomena. From this perspective, a view of religion emerges that regards religion as informed by human nature in its intentionality toward the absolute or the ultimate.

Much has been discussed as to the status of the concept “religion,” and recently the term “spirituality” has begun to be used to indicate the thought and action of people not belonging to any specific religions, and yet distinctly having spiritual consciousness. Participants in New Spirituality Movements that Susumu Shimazono has analyzed,<sup>4</sup> and Cultural Creatives, one of the three types of modern Americans that Paul Ray has classified,<sup>5</sup> have some characteristics that are not necessarily applicable to their counterparts in established religions. We understand that a human being is by nature *homo religiosus*.

If the primary purpose of religions is to relieve people from existential fragmentarity and insignificance, and to lead them to grasp the significance of their life in relationship to the ultimate, it is quite natural that religious experiences should be concerned with the wholeness of a human being. People often talk about religious experiences as those of salvation and awariness. They are experiences where our souls get relieved from suffering or attain to a greater awareness, in other words, where the whole human being is restored, and diseases are practically healed in many cases.

Medical facilities such as hospices and hospitals originated as religious facilities. Hospices derived from monasteries accommodating pilgrims and travelers. The German word “Heil” means both healing and salvation. It is well known that the Greek word “holos,” which means “whole” and the English words “whole,” “holistic,” “heal,” “health,” and “holy” all have a close relation to one another.<sup>6</sup> The Japanese verb “Iyu [癒ゆ]” is said to be an abbreviation of “Ikihayu [気延ゆ],” and it seems to us that ancient Japanese people assumed the circulation of “I [い, vital energy]” in society and the universe behind it.<sup>7</sup> After all, etymologically speaking, “healing” and “Iyashi [癒し]” are matters concerned with the “wholeness” of human beings and they have been interpreted into such phenomena as the recovery of health and the manifestation of the sacred.

Various unhealthy conditions can be thought to derive from the diseases of thinking, feeling, and will. Above all, egoism forming the basis of these diseases, and mental stress caused by social relationships and life-style, may simply be diseases arising from a lack of awareness of relationship to the ultimate. In a word, diseases are nothing but the conditions of being deprived of "sacred whole health." In fact, not a few religious groups have been making use of healing diseases as part of their propaganda. Religious founders are often healers of various diseases, with the result that religious groups such as Christian Science and Sekai Kyusei Kyo utilize any case of miraculous recovery as self-advertisement. Acts similar to medical treatment are sometimes performed in religious practice, among them healings by the Holy Spirit, Jorei, Reiki and so on.

## **2. The Religionization of Medical Care**

Religious works originally contained healing. Then, what about medical care? Modern medicine has developed in the West on the basis of objectivity and reproducibility since the Scientific Revolution in the 17th century, and has borne remarkable fruits, especially in the fields of infectious and acute disease, since the latter half of the 19th century, this set against the background of a mechanistic worldview and psychosomatic dualism. Disinfection, blood transfusion, and anesthesia have taken an active part in the progress of western medicine during the past century. Gene diagnosis and regenerative medicine have come into being as an extension of molecular biology, that was accelerated by the Watson-Crick discovery of the double helix of DNA. This cutting-edge technology of medicine has brought with it many difficult "bioethical" issues. For instance, the issues of when to determine the formative point of a person, of reproductive medicine such as prenatal diagnosis, and of brain death in advance of death by cardiac arrest, and so on. To these issues are added those of terminal care and death with dignity. Today, we find these foregoing issues suddenly rising to the surface and threatening to overturn the very principles upon which medical treatment have rested so far.

The religionization of medical care has, at least, two aspects. One is that medical professionals are obliged to take on the roles once assigned to religious persons. The rapid spread of the death at hospital since the late 1970s has compelled patients to endure death in the closed and profane space of the sickroom.<sup>8</sup> Furthermore, those who take care of patients' spiritual needs, are medical care workers who often may not have received any special education or training required for that purpose.

Against these phenomena are apparently drastic changes in social structure and family relation. More concretely, region-related and blood-related communities have begun to

collapse and nuclear families have become the general rule. With the spread of nuclear families, people now receive the beginning of life and the end of life not in a religious context where region-related or blood-related communities had been magnetized, but in the profane space of hospitals where the bond of human relationship is extremely weak.

Thus, the religionization of medical care points to the irony that while hospitals have become places where medical personnel must respond to patients' spiritual needs, at the same time medical personnel are not always able to respond fully to those needs. In the case of death at home, patients welcome the hour of death surrounded by family members who also affirm the event of death in a relatively intimate setting; but in the case of death at hospital, this event is cordoned off and assigned to the rather arbitrary human relationship that medical care workers and patients form temporarily.

The other aspect of religionization of medical care has to do with the revision of our understanding of human beings per se, namely, the present situation requires that medical treatment shed light on the whole human being, including the patients' spiritual needs. But, what is meant by the "whole" human being? We must admit that we are quite at odds with one another when it comes to this matter. There is no consensus on what is meant by the "whole."

In the case where people have a strong religious or spiritual bent, the "whole" does not only mean the wholeness of mind and body, but also the ultimate moments that are often called God, or Buddha. On the contrary, in the case where they are exclusively occupied with natural science, such ultimate moments are parenthesized, and the ground of being and the origin of life are relegated to metaphysical issues.

The point here is, in the religious humanview, that the whole man is inclusive of this ultimate moment as well as mind and body. Contrarily, in the natural scientific humanview, the whole means at most the wholeness of mind and body, wherein they try to understand human beings only within an exclusive framework of bodily mechanism if possible. The disparity between the two views is so great that we cannot easily bridge the gap. However, it seems that the religionization of medical care urgently demands the radical correction of such a medical and scientific view of human beings.

We can get a glimpse of the whole structure of human life in such liminal situations as birth and death. If we generalize the life of a typical Japanese these days, life begins at hospital and ends at hospital. But, what is implied by the fact? It is well known that the rites of passage are performed at the crucial turning points of life such as birth, adulthood, marriage, and death, but birth at hospital means that the key persons assisting in childbirth have changed from the Samba, or midwives to obstetricians and maternity nurses. While the former had liminal status as mediators between the sacred and the profane, and therefore shouldered a religious

responsibility, the latter is situated completely within the realm of the profane, or to be exact, the secular milieu.

Similarly, the generalization of death at hospital has brought about a situation that separates the patients' death from their families, and enables medical doctors to manipulate the patients' life and death. Since death is, for medical doctors, nothing but a practical defeat of medical treatment, they recognize that their benevolence consists in continuing life-long treatment as long as possible. However, death is inevitable for human existence. Sticking to the regimen of life-long treatment and our acceptance of inevitable death are not compatible.

It is no exaggeration to say that the materialistic and practical character imparted to death today is partly due to the aforementioned situation, where medical personnel have got a medical education that sees the vital human body exclusively from the perspective of natural science, and that such narrowness of disciplinary perspective has had a decisive impact on medical treatment. On the stage of medical treatment, human beings are, for the time being, reduced to something of an object perceptible through the five senses, and materialistic science does not dare to inquire into anything invisible.

Moreover, there is a much more important problem at hand. That is the reality that there are few medical personnel who can respond to a dying patient's spiritual pains. Chaplains have been performing spiritual care as pastoral care, or as an extension of that care at hospitals affiliated with Christianity;<sup>9</sup> however, in almost every other hospital, the general policy is to discourage the intervention of religious persons at the scene of terminal care. While religious people and educators are the ones that have mainly been occupied with how to deal with that kind of life and death situation, such professionals are barred from entering the sickrooms where spiritual pains are really taking place.

When we consider the needs of patients, different patients have different views with regard to religion and the world. It is clearly a hard task to meet their various needs. It is thus desirable that allowance should be made for professional "spiritual care givers" within the medical system. As temporary measures, medical and religious proponents should be allowed to freely exchange their opinions, and religious persons should be permitted to enter sickrooms and be present at patients' bedside as needed.

### **3. The Whole Human Being**

Analyses from different angles will be needed to fully assess what this situation implies. However, one thing that we can be sure of is that in the field of medical care, especially terminal care, the medical institution cannot fully meet the patients' needs only by understanding human

beings based upon a natural science frame of reference; in other words, we need to construct a new and more complementary view of human beings. The care giving that takes into account the patients' spiritual pains cannot possibly be limited to the care of mind and body. This is why "spiritual" is an adjective applied to the phenomena beyond physical and mental dimensions. What becomes manifest in those spiritual pains is concerned with phenomena related to the core of human beings. Developing new forms of medical care would be what is required to grasp human beings as a whole, that is to say, as the subject of "holistic medicine."<sup>10</sup>

But, what on earth is meant by "holistic"? Here, we have to fully examine the concept of the "whole" human being. Common sense tells us that an individual life means the period from birth to death. At the point of entrance and point of exit marking off a life as such, important rites of passage were once performed. Rites of passage are rituals at the turning points of life, enabled people to transfer from their present mode of being to their new one; namely, they are required to put a previous mode of being to death and to be reborn in a new mode of being. Birth and death are matters marking off the beginning and the end of life itself. Therefore, rites of passage concerning them have been performed most solemnly. However, the spread of birth and death at hospital has brought about a situation where these events are left to non-religious medical specialists, and are concluded in the secular space of hospitals. Not only that, the cutting-edge technology of medicine has enabled medical specialists to actually manipulate the beginning and the end of life. This is how human beings have been gradually reduced to biologicistic and materialistic entities, and the dignity and sanctity of human life are in danger of being lost. In terms of genes, mankind and chimpanzee are different only by 1.2 percent. From this perspective, some will deduce a biologicistic monism where all living things can be reduced at the genetic level.

We cannot deny the fact that a human genome is the draft for the human body, but by that kind of explanation alone we fail to understand anything at all about the human phenomena. We don't know the first thing about what it is that enables genes to be as such. It is not as if it were that, "in the beginning was the Gene." What is important is that we elucidate the nature of ourselves, taking into account the validity of natural scientific knowledge, and at the same time, recognize its inherent limitation.

As to the present situation, in fact, there is a growing tendency to reconsider medical treatment within the medical world, with new trends toward "patient-centered medicine" or "holistic medicine" beginning to appear. "Patient-centered medicine" is medicine where they recognize the patients' right to self-determination, and let patients finally choose one among several therapeutic methods, and endeavor to provide medicine suited to the individual patient. Its slogan is "informed choice by patients," or "tailor-made medicine for patients." Medical

treatment in Japan, which strongly inclines to the view that medical doctors don't see patients but diseases, will be under pressure to make drastic reforms. Moreover, it is imperative that "holistic medicine" see the whole human being in its right perspective. The whole human being, in our opinion, has to account for all the dimensions or ingredients that go into constructing a human being; that is to say, it consists of "spirit, mind and body." Here we broach the matter of what comprises the total human being.<sup>11</sup>

What was not always clearly recognized in preceding discussions is the distinction between the spirit and the mind. From the viewpoint of psychosomatic dualism, they cannot help identifying the spirit with the mind, or positing the spirit beyond human beings, that is to say, in the dimension of God. However, in constructing a new view of human beings, the spirit will have to become a decisively important moment. The mental dimension is related to phenomena appearing and disappearing, whereas the spiritual dimension is essentially connected with eternity or immortality.

The humanview incorporating the spiritual dimension as the core of human beings can be, in fact, universally found in the history of mankind. But, it has been forgotten since man entered the modern age. Is "an immortal man" contrary to the definition of a man? If this spiritual element is true of a human being, it is certain that the humanview, inclusive of the mortal and immortal elements, will usher in a decisive change in our way of understanding ourselves. There was some discussion on amending the WHO definition of health so as to add the word "spiritual" to the present definition.<sup>12</sup> We can consider that it is a pioneering discussion to restore the whole image of human being lost sight of in the modern age.

This humanview positing a threefold structure of the total human being should be introduced into the perspective of medical care as well. Namely, in accordance with the threefold structure of patients, medical professionals have to occupy themselves with spiritual care as well as physical cure and mental care. Such holistic medicine as considers the entire human perspective will need teamwork to support patients, where medical specialists work in cooperation. Medical treatment is to be carried out not only by medical doctors, but also by the medical co-workers around them.

Thus, "the religionization of medical care" suggests the present situation in Japan where medical persons have to respond to patients' religious or spiritual needs, and at the same time it suggests a foretaste of restoring the whole image of the human being. At any rate, the time has come when we should work to promote the religious or spiritual understanding of ourselves as total human beings.

## Notes

- <sup>1</sup> Department of the Humanities and Social Science, Kyoto Prefectural University of Medicine.
- <sup>2</sup> This is the revised version of the paper read at the 19<sup>th</sup> World Congress of the International Association for the History of Religions held in Tokyo, March 24-30, 2005.
- <sup>3</sup> Tetsuro Watsuji, *Jinkan no Gaku toshite no Rinrigaku* (人間の学としての倫理学), Tokyo: Iwanami Shoten, 1934.
- <sup>4</sup> Susumu Shimazono, *Seishinsekai no Yukue* (精神世界のゆくえ), Tokyo: Tokyodo Shuppan, 1996.
- <sup>5</sup> Paul H. Ray & Sherry Ruth Anderson, *The Cultural Creatives*, New York: Three Rivers Press, 2000.
- <sup>6</sup> Andrew Weil, *Health and Healing*, Boston: Houghton Mifflin Company, 1983.
- <sup>7</sup> Toru Terada (ed.), *Rohan Zuihitsushu (the Second Volume) Gengohen* (露伴随筆集[下] 言語篇), Tokyo: Iwanami Shoten, p. 246, 1993.
- <sup>8</sup> Tetsuo Kashiwagi, *Shi o Manabu* (死を学ぶ), Tokyo: Yuhikaku, 1995.
- <sup>9</sup> See for instance, Toshiyuki Kubotera, *An Introduction to Spiritual Care* (スピリチュアルケア入門), Tokyo: Miwa Shoten, 2000. Hisayuki Murata, *The Thoughts of Care and Personal Assistance* (ケアの思想と対人援助), Tokyo: Kawashima Shoten, 1994.
- <sup>10</sup> The Japan Holistic Medical Society (ed.), *An Introduction to Holistic Medicine* (ホリスティック医学入門), Tokyo: Hakujusha, 1989.
- <sup>11</sup> On this trichotomy, see for instance, Plato, *Timaeus*, and Rudolf Steiner, *Theosophie*, Dornach/Schweiz: Rudolf Steiner Verlag, 1962[1904].
- <sup>12</sup> Masakazu Tanatsugu, "What emerges from the arguments on amending the WHO definition of health" in *Journal of Kyoto Prefectural University of Medicine*, Vol. 112, No.9, pp.651-661, 2003.